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| **Texas Workforce Solutions logo** | **Texas Workforce Commission****Vocational Rehabilitation Services****Acknowledgement for Noncertified Interpreter**   |
| Customer name:       |
| Case ID number:       |
| Name of noncertified interpreter or college or university:       |
| The individual or college or university named above is and/or utilizes a noncertified interpreter; however, I understand and agreej to using this noncertified interpreter(s) to provide communication access services effectively, accurately, and impartially, bothl receptively and expressively, using all necessary specialized vocabulary. I consent to use this noncertified interpreter(s)l to provide communication access services to me except in Medical, Legal, or Psychiatric settings. l |
| Customer’s printed name:       |
| Customer’s signature:**X**   |
| Date of signature:      |
| As the customer, I understand that I may revoke this consent in writing at any time after signing it. |